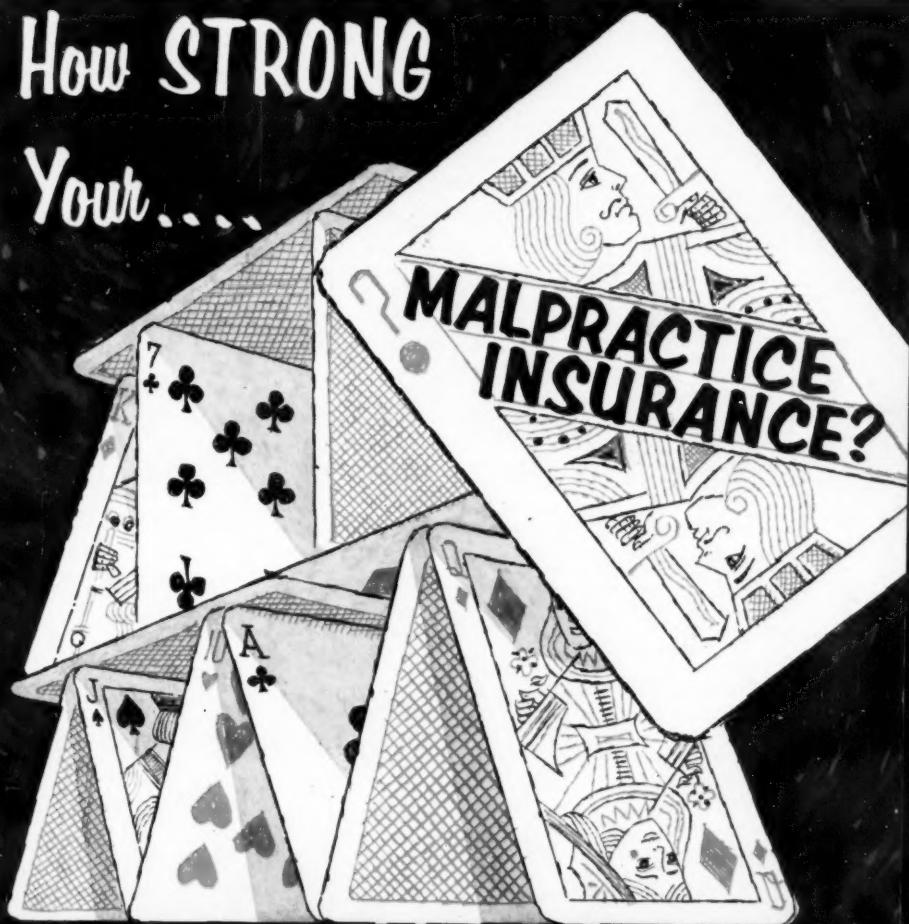


dental management

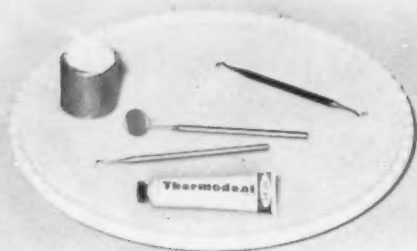
JULY 1961

THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS

How STRONG
is Your....



Also: My Wife in the Office? .. *NEVER!*



Once you've started desensitizing therapy at the chair

The desensitizing agents you apply at the chair are effective in relieving dental hypersensitivity, but their effectiveness is often limited by the infrequency of patients' visits. Relief can be obtained *between* office visits with Thermodent Tooth Paste, a desensitizing preparation

that patients can use at home in place of their regular dentifrice. A pharmaceutical preparation with over six years of clinical success, Thermodent combines *proven* desensitizing agents in convenient tooth paste form.¹⁻³

recommend daily brushing with Thermodent at home

"Between-visit" therapy with Thermodent should be continued for as long as necessary to achieve and maintain relief. Although mild cases of hypersensitivity may respond within a week, patients with moderate to severe conditions may obtain marked relief only after two or even three weeks of regular brushing with Thermodent.

Continued use of this safe and effective dentifrice will then prevent a recurrence of tooth pain. Promoted only to the profession, Thermodent is available on your recommendation in two ounce tubes at all pharmacies.

1. Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956. 2. Abel, I.: Oral Surg. 11:491 (May) 1958. 3. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: J. Periodontology 29:192 (July) 1958.

Thermodent^{T.M.} fundamental in hypersensitivity

Thos. Leeming & Co., Inc., 155 East 44th Street, New York 17, N. Y.



YOU... and the News



More than half of New York City's dental X-ray units are defective or improperly operated, reports the City Health Department after a two-year study. Among the faults uncovered: poor filtration, 33.7 per cent; beams not properly limited, 27.5 per cent; poor protection for the operator, 5 per cent.

For a safe, tax-free 4 per cent on your money, look into turnpike bonds. Despite steadily improving traffic and revenues, these bonds are still selling at knocked-down prices. But a few of the roads still aren't covering their interest costs, and are classed as speculations. The West Virginia road hasn't paid interest for months and the Chicago Skyway may also default.

Accepted practice? Physicians can testify against dentists in malpractice cases, according to the New Jersey Supreme Court. In the case, a woman suffered a stroke and died after a dentist administered an anesthetic. The trial judge refused to allow a physician to testify. But the Supreme Court ruled otherwise. "Where the medical and dental profession overlap", it said, a physician could testify to "accepted practice among dentists."

Your collections ought to pick up as the business recovery gathers steam. "Collections were tough in 1960 . . . no doubt

YOU . . . AND THE NEWS

about it," says John W. Johnson, of the American Collectors Association. "But the slide which started last summer seems to have bottomed out. In fact, there are even a few bright signs on the horizon."

If you're thinking about buying a summer home, you may never find a better time. Construction costs have held steady so far this year, but are likely to rise once housing demand picks up. Mortgage rates have already dropped $\frac{1}{2}$ per cent on the average, and are likely to drop a little more under Federal pressure.

Hopes are fading for a cut in the annual fee you must pay on your mutual fund shares. Most funds charge $\frac{1}{2}$ per cent a year for management and supervision. More than fifty suits, charging that the fee is excessive, have been filed against the funds. The first of them has just been settled. The Court threw out the charge, saying that it wasn't proved.

How much cash to pack on that motor trip this summer? Better figure a daily minimum of \$29 for you and wife for 300 miles of travel, says the American Automobile Association. That breaks down to \$10.50 a day for food, \$9.50 for lodgings, \$7 for gas and oil, and \$2 for tips and extras.

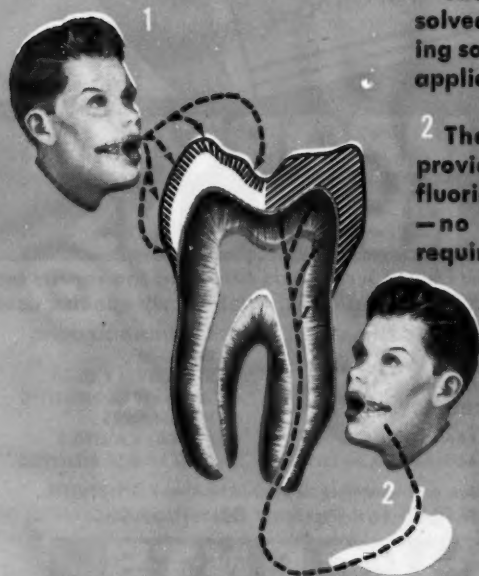
Individual dental insurance policies will hit California within four months predicts Dr. Carlton H. Williams, chairman of the Southern California Dental Care Committee. The contracts, sold by private insurance companies, will base benefits on the dentists' customary fees. A panel of dentists will check the work and charges for each claim.

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How supplied: "Enziflur" Lozenges — bottles of 100.

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(Each lozenge yields 1.0 mg. of fluoride ion.)	

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dental management

THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS

Vol. 1, No. 7

July 1961

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INFLAMED GINGIVAE IMPROVED IN 2 WEEKS!

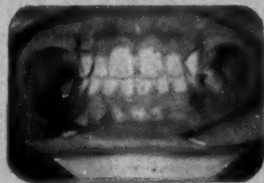
*The distinctive ingredient
in VINCE
changed this picture
of inflamed gingivae**

DATA *First Visit*



Patient age 16. Gingivitis, poor oral hygiene, slight inflammation. Prescribed: Vince oxygen rinse.

DATA *Two Weeks Later*



Same patient after adjunctive treatment with Vince oxygen rinse daily for two weeks.

Buffered, safe, sodium borate peroxyhydrate ($\text{NaBO}_2 \cdot \text{H}_2\text{O}_2$) made the difference... added to the Vince formula to replace outmoded sodium perborate ($\text{NaBO}_3 \cdot 4\text{H}_2\text{O}$), it provides a therapeutic oxygen release which tissues can tolerate.

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Morris Plains, New Jersey

*Typical case history from files of Standard Laboratories

dental management

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The

MAILBAG

Changes in 'Wonderland'

Dear Sirs:

I regret to report that the Southern California Dental Hospital is no more. After my article, "In a Dental Wonderland," went to press, I learned that the dental area in the hospital will be reduced to two operatories. The remainder will be converted into a general hospital.

The same fine equipment, however, and the many conveniences will still be at the disposal of the dentists and their patients.

Although the dental hospital is a milestone in the progress of dentistry, lack of publicity when it would have counted, and support of the dentists, among other factors, were responsible for the change.

Wanda Irwin
Los Angeles 8, Calif.

Brickbats for 'Referrals'

Dear Sirs:

I just read the article, "How To Get Referrals from Physi-

cians," and it is easy to see why it was written under a pen name. I think your publication is the best and most needed one that I have seen in years but this article exposes the basest instincts in man.

Medicine has long been actively engaged in fee-splitting and that is exactly the spirit of this article. Gifts, free dentistry, reciprocal referrals, etc., are done with the same purpose, spirit and intent, with material gain as the end result.

This type human relation has been and will be always with us. The Army had a name for it, colleges are infested with it, and so is big business. Most dentists don't succumb to the temptation, but there is always a representative of the tribe in every assemblage. . . .

I, too, have some "free time," or "open hours," but I would rather maintain a little conscience than fill these hours up on the sacrificial altar of self-respect.

Imagine what would happen if every dentist espoused these tactics. Physicians then would

THE MAILBAG

be so pampered that the last dentist to institute his program of "cultivate the physicians" would possibly find that all of the needs of those M.D.'s had been cared for by the fawning dentists who got there first. The only need that the physician had left in this world would be for someone to shine his shoes or to fluff up the pillow on his recovery couch.

Lester Sitzes, Jr., D.D.S.
Gurdon, Ark.

Dear Sirs:

I have just finished reading "How To Get Referrals from Physicians."

I am nauseated.

Arnold H. Lewin, D.D.S.
Cortland, N.Y.

Collection Charges

Dear Sirs:

In a recent issue, a dentist asked whether collection charges for overdue accounts could be passed along to the delinquent patient. For a number of years, my office has done just that.

Before starting any dental work over \$50, the patient signs a

budget plan agreement. Among other things, it makes the patient liable for any "collection cost." The clause reads as follows:

"Upon any payment becoming overdue more than five days the entire balance shall become due and payable on demand, plus legal rate of interest, plus collection cost."

In my mind, the collection charge of 25-50 per cent is a "collection cost" and we have been adding it to the amount due of the few accounts which had to be handed over to a collecting agency—after ample and fair warning. So far we have had no court test as to the legality—but the collecting agency thinks we are entitled to this addition as per signed agreement, especially since we do not profit by it.

D.M.D.
Lexington, Mass.

Dear Sirs:

May I extend my congratulations on a fine presentation of mutual funds.

Saunders, Stiver & Co.
Cleveland 13, Ohio

dental management

THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS, JULY 1961

The Publisher's

VIEW

Something to Sell

If you want to buy life insurance, you go to an insurance broker for advice and information. That's as it should be. He's a trained specialist in the field. Yet, the fact is that he has a vested interest in how much and what kind of insurance you buy.

Or, you go to your stockbroker to make an investment. The vast majority of brokers are able, conscientious men. Perhaps you've found one that you trust implicitly. But his income, too, depends on whether you take the advice he gives you.

What does DENTAL MANAGEMENT have to sell? Nothing to you. The magazine has no possible financial stake in whether you follow the practice manage-

ment and financial suggestions you'll read in its pages. They're offered in your best interests alone.

Not that DENTAL MANAGEMENT ever could or would replace your personal financial advisers. They're indispensable. But you need something more—a second opinion.

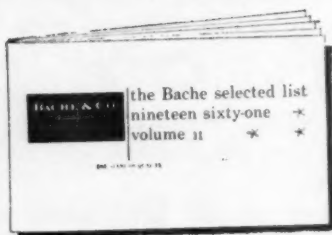
A case in point: the recent article comparing the investment records of the leading mutual funds. It was prepared by free lancer, David Michaels, a financial writer of long experience who does not, himself, sell fund shares.

Most mutual fund salesmen represent only one or a few funds. They can rattle off the record of those funds, but are they up on what their competition has been doing?

Author Michael's article was designed to fill in that gap. He could do that because he has nothing to sell to you. Neither has DENTAL MANAGEMENT. END

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BY HERBERT FILER

THIS article is dedicated to every man who ever held a stock certificate in his hot little hand and wondered: "Should I sell now and cash in my profit, or hold on for a possible bigger gain?" That's probably the hardest single investment decision to make—even harder than buying a stock in the first place.

But there is a middle ground—a way to protect yourself from loss in case a stock drops, but share in the profits if it rises. The

device is called stock options—better known as Puts and Calls.

To be sure, there's no magic involved. As with any insurance, you'll pay a premium for the protection you get. And it's up to you to decide whether that protection is worth the price. More about that anon.

To most dabblers in the stock market, the very name "Puts and Calls" has a faintly frightening sound to it. They feel it's something used by the market pro-

The author heads the firm of Filer, Schmidt & Co., largest stock option house in the country. He's dealt in options for more than forty years, and is considered the dean of the profession. His book, "Understanding Put and Call Options," is published by Crown Publishers, Inc.

WANT TO BUY PROFIT INSURANCE?

fessionals, as a tool for speculation.

And so it is. Most stock options are bought in the hope of parlaying a small bundle into a fortune—in a hurry. But options can also be used in just the opposite way—as a cheap and convenient way of *protecting* an existing investment profit or *preventing* a future market loss. Few investors seem to realize it, or to know much at all about the subject. Of the 12,000,000 stockholders in the United States, not even 12,000 have more than a smattering of knowledge of Put and Call options.

An Option Is An Option

In principal, an option to buy stock is no different than an option to buy a house, ten acres of land, or 5,000 pounds of lard. For a relatively small amount of cash, you buy the right to control a large amount of property. Here's how that works out with Puts and Calls:

A Put gives you the right to *sell* a stock, at a fixed price, within a specified period of time. For example, you might buy a

Put contract allowing you to sell one hundred shares of Anaconda, at any time between now and November 23, at a price of \$53 a share. Obviously, you'll buy the Put if you feel that the price of Anaconda will *drop* way below \$53 before November 23.

A Call is just the opposite. It allows you to *buy* a fixed amount of stock, at a fixed price, within a fixed time limit. For example, you might buy a Call on Westinghouse Electric, allowing you to pick up one hundred shares of the stock, at a price of \$44, between now and September 11. You'll buy the Call if you feel that Westinghouse is destined to *rise* well above \$44 before the deadline date.

Individual Contracts

Both of those agreements are individual contracts, between you and another person. They're negotiated through one of the twenty-odd dealers specializing in stock options. You can go directly to an option dealer to buy them, or you can do it through your regular stock broker.

How can those stock options

help to protect your investment profits? Look first at Puts.

Suppose you're now fingering a stock certificate for one hundred shares of National Dynamics. You paid \$30 a share for it, and now it's up to \$50. You still like the looks of it as a long-range investment, but you're worried about how the current international situation will affect the market. What to do, sell or hold?

You might hang on to the stock

and buy a Put on it, giving you the right to sell it any time within the next six months at the current market price of \$50. For that privilege, you'd pay a premium of perhaps \$450, or \$4.50 a share.

Absolute Protection

Let's say the stock goes down as you feared, to \$40 a share. Then you can exercise your Put, and sell the stock for the \$50 option price. Thus, for the \$450 premium you paid for the option

A Glossary of Stock Options

You can buy almost any package of investment protection that you're able to pay for. Here are the major ones that have been developed:

A *Put* is a contract guaranteeing you the right to sell one hundred shares of a particular stock, at a specified price, at any time within a specified period.

A *Call* gives you the right to buy one hundred shares of a stock, at a specified price, within a specified period.

A *Straddle* is a combination option, a Put and a Call allowing you to buy and sell the same stock, over the same time limit, and at the same option price.

A *Spread* is also a combination Put and Call on the same stock for the same time period, but the Call price at which you can buy the stock is set above the current market, the Put price at which you can sell is below current market.

A *Strip* is a triple option, two Puts and one Call on the same stock.

A *Strap* is also a triple option, two Calls and one Put on the same stock.

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How with a put or call option, risk limited to the cost of the option (maybe a few hundred dollars), you can make unlimited profits (possibly thousands of dollars in 90 days) is explained in this clear, simple book.

Understanding PUT and CALL Options

by
HERBERT
FILER

the #1 authority on the subject.

Thousands of successful traders and professionals purchase "buy" and "sell" options (call and put) because they know these options can make big profits for them and also can protect unrealized "paper" profits on the stocks they own.

This book shows how they do it and how you too can make maximum profits on minimum investment. It shows also how you can sell options on your own stock to increase income, where and how to buy and sell puts and calls, how to use them to make capital gains instead of short-term profits, how to use options to protect profits on your stocks, etc.

This book costs you only \$3.00. It can help you make a fortune.

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Enclosed find \$3.00 for Herbert Filer's *Understanding Put and Call Options*.

Name.....

Address.....

City.....Zone.....State.....

you've avoided losing \$1,000 of your previous gain.

Actually, no matter how low the stock drops during the option period you can still sell it for the same \$50 a share. This protection is absolute! All Put and Call contracts are endorsed by a member firm of the New York Stock Exchange, guaranteeing that they'll be fulfilled.

What if the stock rises instead? Then, of course, you simply let the option expire without exercising it. You're out the \$450 you paid for the Put. In return for that, you had the peace of mind of knowing during the period that you were fully protected against any market drops. And, of course, you have the additional profit you made because you held on to the stock and it went up.

In short, for the six-month option period you're guaranteed *all* of the profits if the stock goes up; *none* of the losses if it should go down. And the price of that investment insurance is the premium you pay for the *Put*.

You can use Calls to protect yourself in much the same kind

DENTAL MANAGEMENT • JULY 1961

WANT TO BUY PROFIT INSURANCE?

of way. Suppose you own a stock that's already gone up quite a bit. You want to nail down the profit, lest it slip away, but still you'd like to share in future profits if the stock continues to rise.

What you might do is sell the stock, and then buy a Call on it. A Call, you'll remember, allows you to buy the stock back at the fixed contract price.

And If Stock Drops

If the stock drops, all you lose is the price of the Call; you've already sold your shares and cashed in your profit. But if the stock rises, you can exercise your Call, and buy back your shares at about the same price you sold them. Or, since the Call is negotiable, you can sell it and make about the same profit as you would if you bought the stock.

So the Call accomplishes the same thing as the Put, though in a little different way. For the price of the option premium, you guarantee your past profits and still share fully in any future gains—for as long as the option runs.

Option contracts are sold for

varying periods, anywhere from thirty days to one year. The most usual periods are sixty days, ninety days, and six months.*

How much do Put and Call contracts cost you? Like everything else sold on a free market, the price fluctuates with supply and demand. A one-month Call on a high-flying electronics stock, Texas Instruments, recently sold for \$1,875. But at the same time you could buy a six-month Call on the more stable Smith Corona for only \$337.50. As you'd expect, the more a stock fluctuates, the more you'll pay for an option on it. Also, you'll pay more for a longer option period.

As a general rule, you'll find that a Call is a little more expensive than a Put on the same stock for the same option period. Why? Usually, more people think the market will go up than think it will go down at any particular time.

Another Protection

If you're worried about one of your stocks, there's another way you can protect yourself—by put-

* Actually, six months and ten days because of the tax laws. Profits on options held for longer than six months are taxed as long-term capital gains.

WANT TO BUY PROFIT INSURANCE?

ting a "stop order" on it. This is an order to your broker to sell the stock when and if it drops to the price you set. Stop orders generally cost you nothing except the regular brokerage commission if the stock is sold. Would you be better off using a stop order rather than buying a Put or Call?

That depends on what happens to the price of the stock. If the stock rises, you'd be better off if you had put a stop order on it. The order will never be executed, you'll still have your stock, and the protection hasn't cost you a penny.

But that protection may be uncertain and expensive if the stock does drop as you fear. Here's why:

Suppose that Mr. A buys one hundred shares of stock at 50 and protects the purchase by buying a ninety-day Put at 50, for which he pays \$350. In the first twenty days, the stock declines to 45. Mr. A. doesn't have to worry—his Put option guarantees that he can sell the stock at 50 at any time before the Put contract expires—so he waits. In

the next thirty or forty days the stock rises to 60, and at this price Mr. A. sells his stock. He has a profit of \$1,000 less \$350—the cost of the Put option.

Mr. B., on the other hand, buys one hundred shares at 50 and at the same time enters a stop order at 46. If such an order is executed or "Touched off" Mr. B. will probably get 46 or less for his stock—a loss of about \$400, and he is *out* of the stock. His loss is greater than the cost of the Put option which Mr. A. bought, and he cannot benefit when the stock rises to 60. See the difference?

Straddles and Straps

Puts and Calls are the most popular option contracts, but there are also others offered for special purposes. They carry such curious names as straddles, spreads, strips and straps. With them, you can protect yourself both ways at the same time—against the market rising *and* falling. But as you'd expect, such protection comes high and relatively few investors have need of it.

For the worried investor, Puts and Calls can be a fine investment in peace of mind. But nobody should buy them indiscriminately.

In the first place, option contracts are sold only for hundred-share round lots. So you wouldn't want to use them unless you have a rather large commitment in a stock.

In the second place, there's such a thing as being insurance-poor—spending so much for protection that all you have is a pile of cancelled policies. Though

stock options cost only a few hundred dollars each, that can quickly mount up to a lot of money if you buy heedlessly.

So save stock options for the time you need them the most—when you have a big investment in a stock and big worries about its future. Whether or not you have any present need for Puts and Calls, they're handy tools to carry in your investment kit. You ought to know that they exist, how they work, and be prepared to use them when and if the need arises.

END

Excess baggage

After taking X-rays of a new patient, I found she needed immediate periodontal treatment. Since her condition was severe, I referred her to a periodontist.

Several weeks later she returned with her young son. He had a serious malocclusion, so I referred him to an orthodontist.

A week after that, the same patient came back with her husband. He had a horizontally impacted wisdom tooth, and I suggested he see an oral surgeon.

"Tell me, doctor," said the lady. "Just what do you do?"—*Thomas G. Ban, D.D.S., Van Nuys, Calif.*



My Wife in the

BY PRINCINE MERENDINO

SHOULD your wife work with you in your dental office? No, say most of the dentists checked in a DENTAL MANAGEMENT spot survey.

"I've never seen it work successfully," said some men. Others flatly declared, "I'd never try it." Of those that have, several said, "It worked for a little while, before we had children." But only a few continued employing their wives.

In explaining why they didn't



Office? . . .

NEVER!

*Togetherness is great at home but, these dentists say,
it doesn't work out in the office*

hire their wives, dentists both flattered and insulted the little woman. The comments ranged from the dentist who said simply, "*I want my wife to stay my sweetheart,*" to the man who snarled, "*She'd talk too damn much.*"

At no time was the intelligence, personality, and appearance of the wife disparaged. "If she didn't have a lot on the ball, I wouldn't have married her," affirmed an Ohio dentist. "Edu-

cationally, she's perfectly qualified to become a dental assistant. But there are too many drawbacks."

Greatest Drawback

What drawbacks? The greatest, according to the dentists polled, is that the wife-assistant is *bad for the practice*. And when she hurts the bank account, that's the sharpest pain of all.

The *reasons* she's bad for the

The author is married to a practicing dentist, and once served as his assistant. Now she visits his office only twice a year.

MY WIFE IN THE OFFICE? NEVER!

practice are many and complex. Chiefly, they rest on her reaction to patients, and their reaction to her. It doesn't, say most of the dentists interviewed, add up to harmony.

As one dentist pointed out, a wife resents the patient who doesn't pay, even if the patient has good reason. *A wife can't divorce home from office.* To her, a patient's failure to pay means less food on the table, fewer shoes for the children, and no new hat for Easter. She takes everything personally instead of accepting a detached view.

One dentist innocently told

his wife that "If collections are good, we'll take that trip to Bermuda I promised you." She was determined to make those collections good—and she did. But in the process she lost three of her husband's patients. She pushed the wrong people too hard.

Can't Be Buffer

No matter how delicate a wife tries to be, many dentists maintain that patients resent her asking for money. "A dental assistant should be a buffer between the patient and myself," a Chicago dentist says. "I can remain a humanitarian, giving a personalized, needed service. And my impersonal dental assistant can then deal with the crass details of handling money. When my wife asks for money, the humanitarian picture cracks down the middle. It looks like my wife and I are ganging up on the patient, taking him for all we can."

A New Jersey dentist felt that patients resented his wife-assistant because she knew too much. Some patients, he points

Clip Along Dotted Line

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out, are sensitive about their dentures. They don't like anyone to know they wear them.

One dentist's wife made the mistake of saying to a woman patient at a bridge party, "Emma, I'm glad I ran into you. It'll save me a call. Your dentures are ready for a final fitting. Come in before our morning appointments start." Emma realized that some of her friends overheard this, and was rightfully furious.

Saves Little Time

A patient's resentment toward the dentist's wife may show up in other ways. "A colleague of mine complains that his patients simply won't discuss anything with his wife," says a Baltimore dentist. "When it comes to payment arrangements, a discussion of treatments, or even an appointment schedule, they insist on talking directly to him. So most of the advantages of having a girl in the office are lost. Outside of sending the monthly bills, his wife saves him very little time at all."

Many patients are also reluc-

tant to let the dentist's wife know their financial status. This is especially true in suburban practices, where the patient or his family often mingles socially with the wife. The patient may lie about her credit standing, making payment plan arrangements difficult.

Patients may even become annoyed when a wife-assistant makes out the case history for the office files. If the patient is a woman, she may fib about her age and her marital status. "It's none of that woman's business," she thinks.

An even more serious thing can happen when the dentist and his wife work together. Many patients confide in their dentist as they might to a clergyman or physician. Women, especially, pour out their domestic troubles and intimate health problems.

One dentist mentioned a patient who told him, "I've just learned that I have cancer. My husband doesn't know I know it." Just the fact that she could confide in him was a comfort to her throughout the tragic days

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ahead. Would this confidence have been shared if the dentist's wife were standing there, too?

Relationship Impaired

Most dentists think not. They feel that this delicate relationship between patient and dentist would have been impaired.

"Dentistry is more than pulling teeth," declared one dentist, "and a patient isn't just that guy with a toothache. He's a human being with problems. It's natural for him to take a professional man into his confidence. But a wife working in the office would spoil all that."

How good an assistant is the dentist's wife likely to be? Not very good, no matter how willing and intelligent she may be, according to most dentists.

"From my observations," said a dentist from Seattle, Washington, "a wife as a dental assistant expects too many privileges. What if she wants to go shopping? A friend of mine used to complain that every time sheets were on sale, his wife-assistant would tear downtown. She'd say, 'But I'm saving us money.

Don't you want me to save money?' *How can you reply to that?*"

A dentist from Clarksburg, West Virginia, told of his wife working in his office the first few months after they married. "I scolded her because the bowl in the operating room wasn't kept clean and she burst into tears. She hasn't come back to the office since, and we've never mentioned the incident. She's probably as anxious to forget it as I am. Working together just isn't for us."

Can't Take Criticism

Other dentists also commented on a wife's inability to take criticism and follow orders. Says one New Yorker: "In my office I'm king. My assistants do exactly what I want, when I want it. And if things aren't going the way I like, I call a conference and read them out. When I say hop, they hop. *Can you imagine a wife in here?*"

A wife who works in the office is inclined to give advice to patients on the outside, dentists complained. Sighed one man:

"My wife worked with me for two months and you'd think she'd gone through dental school. Whoever said '*a little knowledge is a dangerous thing*' must have had my wife in mind."

Not only may the practice suffer when a wife goes to work in her husband's office. The marriage may suffer, too. Women don't know how to shut the door at 5:30 and leave office grievances behind, dentists say.

More than one dentist mentioned the lack of things to talk about to a wife-assistant after arriving home. "After being together all day, seeing the same people, knowing about the same things, there's no new territory to explore conversationally. And if you're with your wife twenty-four hours a day, she'd have to be a superior woman—physically and mentally—to still attract and interest you. A beautiful part of the husband-wife relationship is lost. There's no mystery left between you."

A dentist from Topeka, Kansas, put it succinctly: "*There's too much togetherness.*"

"My wife used to be a terrific

cook, a Los Angeles dentist mentioned wistfully. "Since she started helping me in the office, we've been eating TV dinners or going out to eat. What I'm saving in a salary is going to restaurants and the drug store for alkalizers."

Jealousy may also rear its ugly head when the wife is in the office. One dentist cited an incident that occurred to a colleague after he hired his wife. A pretty 14-year-old came in for her appointment. The dentist had taken care of her since she was 3, and she always ended each visit with a kiss on the cheek and a "thank you." When the dentist's wife spotted that, she simmered to the boiling point. Afterward, she scolded her husband for letting himself be taken in by a "brazen little hussy."

Another dentist put it this way: "My wife would be a watch dog. If I laughed or kidded with a female patient, she'd be in tears and headed for the divorce court."

Do all these comments add up to a completely negative picture of a wife working as a dental as-

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sistant for her husband? *Can it ever work?*

"Of course it can," assured a dentist from Park Ridge, New Jersey, one of the few who felt that way. "My wife and I have worked together happily for over sixteen years. When our four children were all in school, she was bored to death staying at home alone. She's too smart a woman to be satisfied dusting the house every day. She started to work for me and was a crackerjack. She never took time off—and she wouldn't let me, either. Every time I sat down for a cigarette, she'd remind me that 'Mrs. Everly is waiting, darling.' Thanks to her, my practice is really humming."

Another dentist points out that most wives who try working in their husband's office have never been trained for the job. "That's where all the friction comes in. The husband hasn't time to train her properly. And she has no conception of how to run an efficient office. A wife who's had training as a chairside assistant and in office management should and could be a tremendous asset to her husband."

Still, the great majority of the dentists questioned by DENTAL MANAGEMENT feel otherwise. As a man from Carlisle, Pennsylvania, sums it up: "I married my wife because I loved her, not because I wanted some cheap office help."

END

Switch hitter

"Could you please tell Johnny not to suck his thumb," said an anxious grandmother, bringing her 3-year-old to me for his first dental examination.

"Now, Johnny, what would you do if your hand looked like this," I said, holding up four fingers and tucking my thumb out of sight.

Said Johnny, "I'd use the other thumb."—*Edward Thompson, D.D.S., Fair Oaks, Calif.*

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THE RIGHT DUPLICATING MACHINE FOR YOU

Before you buy, figure exactly how much time and expense a machine will save you. Here are questions to keep in mind

BY ROBERT ZACKS

AS your practice grows, so does your volume of paperwork. And in many a dental office it swells to flood proportions.

How to cut it down? One possible way is with a duplicating machine. The fact is, duplicating machines have reached the point where they're as useful and

common in business offices as a typewriter. The list of documents which need or can use duplication is limited only by your ingenuity.

For example, there are bills you are disputing but don't want to let out of your hands, letters from patients you might wish to

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forward to your lawyer, deposit slips, tax returns, insurance forms, documents such as mortgages and contract agreements, journal articles you want to preserve. . . . The list goes on and on.

More important than any of those uses, a copying machine can help you handle your monthly billings. All you do is reproduce the patient's account from the ledger sheet and send that out as your statement. And so a job that normally takes two or three days can be wrapped up in a few hours.

Before rushing out to buy a machine, though, better acquaint yourself with some basic facts about them. There are so many different models, different features, and different prices that you might easily go astray.

Skip Technical Terms

First step in simplifying the selection job is to ignore technical descriptions of the scientific principles involved in each machine's method of reproduction. Such descriptions as "diazotype process," "Xerographic," "diffu-

sion transfer process," and "electrostatic image method" just muddy the waters and distract you from a simple decision as to which machine is most convenient, cheapest, and fastest to use. (But if you do have a scientific bent, see next page.)

What *should* you concentrate on?

'Wet' or 'Dry'

First, whether the machine has a "wet" developer or a "dry" one. In both types you'll find models that are well worth having. But you should be aware that the machines in the "wet" class have tanks or troughs in which liquid chemical solutions develop the print. These tanks have to be drained and cleaned, and fresh chemicals must be added now and then.

The "dry" developing machines have no such tanks; the reproduction is based on other principles. But canceling out this advantage, you'll find that many of the "dry" machines cost more, and the print paper and upkeep are also more expensive. And some of the best "dry" machines

FOR THE SCIENTIFICALLY-MINDED

Here are the five major processes used in duplicating machines:

TRANSFER DIFFUSION—Original document is placed on sensitized copy paper and exposed to bright light which passes through copy sheet to original. The typed material absorbs the light. Non-absorbed light is reflected back to the copy paper, producing a reaction in its sensitive coating. This reaction shows up when the paper is put into liquid developer. Final print requires drying, which often is done in the machine by special rollers.

DYE TRANSFER—Another form of photocopy. Here the sensitized copy paper is not the final print, but rather a "matrix" which when developed is used to make the copies. This matrix can be used with non-sensitized papers for the final prints. In developing, the darkened areas in the matrix receive a dye-like covering. The matrix and the print paper pass through a set of rollers, transferring a layer of the dye to the paper. Since the final print doesn't go through developing solution, it comes out dry.

XEROGRAPHY—Image of material to be reproduced is reflected on a coated plate bearing a positive electrical charge. Light hitting the plate cancels the electrical charge, but the plate retains its charge in dark areas. During developing, a dark resinous powder is passed over the plate. Since this powder has a negative charge, it adheres to areas matching dark lines or type. Positively-charged copy print paper is put over the plate, attracting the image-shaped powder. The powder is exposed to heat in a fuser, embedding the powder into the paper for a final print. Prints are dry.

DIAZO—A powerful ultra-violet light is passed through the original to a sensitized sheet surfaced with a diazonium salt. Image to be reproduced acts as a light barrier, leaving the area protected from light active. When it is contacted by a second chemical in the developer, it reacts to form a dye. This diazo print goes through rollers, under heat, producing a final print which for all practical purposes is dry. There are variations of this diazo process, too technical to go into here, but the same principle is involved.

THERMOGRAPHY—This process uses heat-sensitive copy paper and is based on the principle that dark areas absorb more heat than light areas. Original document and copy paper are placed under infra-red light. This light is absorbed by dark letters and lines and produces heat while doing so which in turn darkens the sensitive copy paper touching those dark areas. Copies are dry.

THE RIGHT DUPLICATING MACHINE

turn out copies that fade with time, or are reproduced on off-white paper.

The next thing to watch for is whether you have to make a matrix or negative before you get a final print. That increases the final cost of the print.

In some processes, you must make the negative first, strip it from its backing, then make your positive print. In others, the negative and print are made in one single step, but a separate negative and paper sheet must

still be used. Still other machines use no negative whatsoever.

Another factor in your final decision will be the kind of material you expect to be duplicating. Some machines can't reproduce documents typed in colors other than black, scribbled words in pencil or crayon, or material typed with a worn ribbon.

Both "wet" and "dry" machines, with both low and high prices, may have some of the disadvantages listed above. So



"f-16! f-8! f-16! f-8"

when you shop for a machine, bring along a test sheet of paper with some lines in deep black type, some in light type, and some typed with colored ribbons such as green or red. On the same sheet include a few separate sentences written in long-hand, in pencil, in ink, and in crayon.

After trying out a machine, using your own sample sheet, make some computations as to how the costs would work out.

Price Range

You'll find that machines suitable for your office range in price from \$99.50 to \$359. *But check also on how much each final copy print will cost you.* The special paper necessary for some of the low-priced models may cost much more than the paper you need for a more expensive model.

For instance, on one machine costing \$99.50 you must use both a negative sheet and a sheet of copy paper (both purchased in packs of one hundred sheets), and each final copy will cost you about 8½ cents. On another ma-

chine costing \$295, you don't need any negative and you can get each final print at a cost of 1½ cents. On a third popular machine costing \$359, the final print cost is 5 cents each.

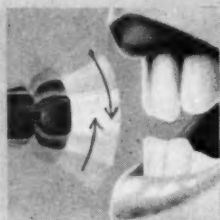
How do you determine which is the best buy for you? Mostly, it depends on how many prints a year you expect to be making. Figure it this way: If you buy a \$99.50 model (there are many makes at this price) and make five hundred copies a year, your running costs are \$42.50. The average machine should last at least ten years, and ten years of use at this rate will bring the total costs, including depreciation and paper, to about \$525.

With the \$295 model, which produces each copy for only 1½ cents, five hundred copies a year would cost \$7.50. Over ten years, the original cost of the machine plus the cost of paper is \$370—\$155 less than the cheaper model.

You get a different answer if you expect to be making only one hundred copies a year. Here the ten-year over-all cost for the low-priced machine comes to

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Twelve Copying Machines Suitable for Your Office				
Trade Name of Machine	List Price	Type of Developer	Total Cost Per Copy	Negative Required
# 105 Bruning Copyflex	\$295.00	liquid	1½ cents	No
Thermofax Secretary	359.00	dry	5 cents	No
A. B. Dick Model 103	99.50	liquid	8½ cents	Yes
Copease Comet	250.00	liquid	8 cents	Yes
Transcopy Transmatic	259.50	liquid	8½ cents	No
Eastman Kodak Verifax				
Bantam	99.50	liquid	9 cents (first print) 2½ cents for next 5 prints	Yes
Savin Replica Copier	99.50	liquid	8½ cents	Yes
Apeco Director	227.50	liquid*	8 cents	No
Apeco Century	99.50	liquid*	8 cents	No
Polymicro Copier	229.50	liquid	7 cents	No
Photorapid	99.50	liquid*	8½ cents	Yes
Nord Autoflow	199.00	liquid	8½ cents	Yes

* Uses a cartridge which automatically prepares a liquid developer.

about \$185. The higher-priced duplicator with low-cost paper comes to \$305.

So, it's important to make an accurate guess of how much use you'd make of a duplicating machine. Make your estimate generous. Once you have a machine, you'll find yourself making three times as many copies as you anticipated.

On this page is a table listing the names and some details about several of the nationally-popular duplicating machines.

This is just a sampling for your guidance as to what's available. Scores of other excellent machines are on the market, and not included in the table only for lack of space.

Here are some questions to keep in mind when shopping for your duplicating machine. With them as a guide, you should be able to get the kind of machine that will serve your particular needs best.

1. Does the dealer offer good maintenance and fast repair

service, backed by a reputable organization?

2. Have you made up and taken with you the test sheet with typing and writing, in various shades of darkness?

3. Have you, after watching a demonstration of the machine, operated it yourself?

4. Have you checked on how much the paper costs? If a negative is necessary, is it prepared automatically or does it require a separate step?

5. Have you figured out how much it'll cost you to operate a year (one-tenth of the sales

price plus the cost of the paper and materials you expect to use)?

That last point is the most important. Unless you're careful, a copying machine can turn into an expensive little toy, as has happened to so many dictating machines. Before you buy, figure out exactly what you'll use it for, how much you'll use it, and how much clerical time and expense it'll save you. Unless the machine will save nicely more than its cost and upkeep, put your checkbook back in your pocket.

END

Off the record

After receiving treatment, Mr. Smith began to discuss the dental needs of other members of his family. "George, my 5-year-old, has a spot on one of his molars and you'd better look at that. Alice, my 10-year-old, is due for a prophylaxis. And my Arline chipped a tooth last week."

"How old is Arline?" I inquired idly.

I could feel the man grow tense as he answered, "She tells everyone she's 37, but she's really 41. Though I really can't see what concern it is of yours, Doc."—*Stanley Rakoff, D.D.S., Blauvelt, N. Y.*

HOW STRONG IS

Insurance companies differ, and so do their contracts. Here's what to look for—and avoid—in buying your policy

BY T. E. HABERKORN

THE most important document in your business files may well be your professional liability policy. The protection it gives you is essential to the safe pursuit of your career.

Yet, your policy may not be giving you the protection it should—or the protection you think you have. You may be vulnerable to court action by patients in half a dozen different ways and, unknowingly, rubbing elbows with disaster. Contrary to popular belief:

- Professional liability contracts are *not* standardized. It

makes a big difference which insurance contract you get, or which company you sign with.

- You're probably *not* covered against every type of suit by a patient. It's entirely possible that your company will refuse to defend or pay off on certain claims against you.

A few years ago, for example, an Eastern orthodontist was sued for breach of contract. As it happened, the doctor had malpractice policies with two different companies. One of the companies agreed to defend him. The other company denied liability.

The author is vice president of the Medical Protective Company of Fort Wayne, Indiana, specializing in professional liability protection for doctors.

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YOUR...



Why the different reaction by the two insurance companies? It wasn't that one company was honest and the other not. The simple fact was, the two policies covered different types of risks. Each company was merely following the terms of its own contract.

Danger Spots

There are so many variations between professional liability policies that it's impossible to recite them all. But there are a couple of danger spots—reasons why companies deny liability—

that crop up repeatedly. If you're aware of them, you've already taken the first step toward protecting yourself. You can be especially cautious when you skirt those areas. Or, you may decide to get different coverage with another company.

The loopholes can be drilled in your malpractice policy in one of three ways: the definition of

HOW STRONG IS YOUR MALPRACTICE INSURANCE?

professional liability, special limiting clauses, and the exclusion provisions. All of them may seem innocent enough until the terrible moment of truth arrives—the moment a malpractice suit is dumped in your lap. Look first at the definition of *professional liability*.

One common contract covers you against suits "because of injury arising out of malpractice, error, or mistake in rendering or failing to render professional services."

Sounds good? That clause may fail to cover negligence, assault, slander, libel, undue familiarity, anesthesia hallucination, malicious prosecution, breach of contract, breach of warranty, property loss, false representation, and a host of other risks too numerous to mention. And your chances of being slapped with a suit on any of those grounds are far from remote.

Suppose, for example, you said to a nervous female patient, "Now just relax. This isn't going to hurt you." But after treatment, it did hurt. It hurt so much, charges the woman, that she

couldn't sleep for two weeks and had to hire a maid to help her with her household work. And so she sues for breach of contract—the contract being your promise that she'd suffer no pain.

What will your insurance carrier do when you report this? Here's what one company wrote a dentist when he faced a similar case: "The policy of insurance issued to you by this company covers you for claims brought against you in actions to recover damages for personal injuries or death, but does not cover you in actions for breach of contract. . . . For that reason, we must disclaim all liability to you."

Or, suppose you tell a patient how much better she'll look after her mouth is rehabilitated. When the work is completed, she says that her appearance isn't at all improved. And she sues you, claiming that you guaranteed satisfaction.

A few years ago, twenty-two of the leading malpractice insurance companies were asked how they'd handle a claim much like that. Eleven said they'd deny coverage because the suit was

based on an alleged guarantee, which wasn't covered by their policies. Nine companies said they'd defend the doctor, but wouldn't pay any judgment against him. Only two of the companies said they'd defend *and* pay any judgment.

Sued for Assault

An assault and battery charge can result from so simple a thing as using a different anesthetic than the one you told the patient you'd use. It can also arise if you give the patient any dental treatment other than the one you agreed on.

In one recent case, a dentist told a patient he had to extract two teeth because of a cyst. As the dentist operated, he realized that a third tooth was involved so he extracted that, too—without first telling the patient. He was sued for civil assault.

Whether such cases will stand up in court is beside the point. The point is, the insurance company may duck out of the case, leaving you with the expense of getting your own lawyer, and the worries of paying the judg-

ment if you lose.

These denials of coverage have been occurring with increasing frequency in some companies, and are casting a cloud on all malpractice carriers. Some malpractice contracts attempt to define malpractice by listing a long string of things that are covered. Much better is a simple provision insuring you against "*any* claim or suit for damages based on professional services rendered or which should have been rendered."

By omitting the word "malpractice" or any attempt to define it, these policies avoid the implication that they cover only a narrow list of acts. They will cover breach of contract or warranty, assault and battery, and the other possibilities not covered by the narrower provision. Such contracts are available in most areas of the country.

Every malpractice policy has a list of exclusions, things the insurance company warns you are not covered. Read them over, and refresh your memory as to what is and what isn't protected. Unlike the question of coverage,

HOW STRONG IS YOUR MALPRACTICE INSURANCE?

the exclusions are specifically stated and easy to understand—most of them, at least. A few may need some explanation.

No Substitution

Take, for instance, the exclusion found in some policies for a dentist substituting for you without the patient's consent.

You can very innocently bring this exclusion into play, even though you're aware it's in your policy. After all, your policy stays in its cubbyhole, unread for a long time, and you tend to forget. Then one day, when a patient is under an anesthetic, you get an emergency call from home, or you feel ill. Whatever the reason, you allow a perfectly competent colleague or assistant to take over and finish what turns out to be an unusually complicated dental treatment. Something goes wrong or, when the patient awakens and sees some other dentist treating him, he convinces himself something went wrong. Result: a malpractice suit not covered by your policy.

Most policies exclude damages

arising from services rendered while under the influence of liquor or drugs. Of course, it's a rarity for a dentist to attempt to operate while intoxicated. But it may not be so rare for a dentist to be called to an evening emergency after taking a sleeping pill. Yet, out of the twenty-two malpractice insurance companies polled about just such a situation, only thirteen said they'd defend and pay.

Apart from the specific exclusions in your malpractice policy, there may be several contract provisions that you ought to be wary of. A seemingly simple thing like the notice of a possible suit you must give your insurance company can cause trouble.

Some companies require you to notify them as soon as you become aware of any incident that may lead to a claim. Some require notice as soon as practicable. Some only require notice as soon as possible after a claim is made.

How does *your* notice requirement read?

Here's what happened to one Massachusetts dentist who failed

to read the wording on this clause in his policy.

In 1955, while doing a pulpotomy and root filling, he broke off a reamer and imbedded the tip in the tooth. Unable to retrieve the tip, he sealed it in firmly. He gave the patient penicillin, but failed to inform him of what had happened.

Four years later, the patient returned complaining of pain. X-ray disclosed peripheral involvement. The dentist referred the patient to an oral surgeon and it was there that the patient learned of the broken reamer tip.

Seven months later, the patient's attorney contacted the dentist. At this point, the dentist informed the insurance company of the situation. The insurance company denied the claim, saying that it should have been informed seven months earlier, when the patient returned to the dentist in pain and was referred to the oral surgeon. The State Insurance Department upheld the insurance company's denial of liability.

With the current trend toward

larger malpractice insurance policies, a new danger has arisen: an "excess coverage" clause. It can hit you whenever you carry your insurance with more than one carrier.

To see how it works out, suppose you took out a \$5,000 malpractice policy when you first started practice. A few years later, after your practice has grown, you take out another \$5,000 policy with a second company. *This* company puts an excess coverage clause in its contract.

Then you are sued and a judgment given against you for \$5,500. The first company pays \$5,000 of the claim, the limit of the contract. The second company, with its excess coverage clause, pays for only \$500, the excess liability that isn't covered by your first policy.

How does this hurt you?

First of all you paid full premiums to the second company, even though you really had a "\$5,000 deductible" policy. Next thing to realize is that other insurance companies will be trying this clause, too, and your present company conceivably can insert

HOW STRONG IS YOUR MALPRACTICE INSURANCE?

it in your policy. What happens when you have two policies, *both* with excess coverage clauses, and each company claims no liability? Your companies may be too busy fighting among themselves to give full attention to the suit threatening you.

Loophole Cited

Sometimes there are loopholes in your malpractice policy which do not seem to harm you at all, but do. An example of that is a clause limiting the company's liability to the amount of a possible out-of-court settlement. What's wrong with this? Maybe the suit is so outrageous you want nothing more than to fight it to a finish. If you have such a clause in your policy, you fight at your own risk. If you lose and a judgment is rendered against you, the amount above the original settlement offer will be borne by you, not by the insurance company.

Your malpractice policy should guard your professional reputation, as well as your income. So look for a clause in your policy saying some such thing as: "No

claims covered by this policy shall be settled or compromised by the company except with the written consent of the insured."

If there is anything deficient about your malpractice policy, it's there for you to see. Read your contract, and let the clauses burn in. As you evaluate the contract, bear these tips in mind:

1. The single most important decision in malpractice insurance is selection of the insuring company. Pick one that (a) has been in business for a long time, (b) has extensive experience with malpractice insurance, (c) has good financial reserves, and (d) has a good reputation with local societies and your colleagues.

2. Seek out insurance companies which concentrate on *prevention* of malpractice suits. That results in lower rates and fewer legal actions against the insured dentists.

3. Try to get an insurance policy with the broadest possible coverage protecting you against "any claim," rather than one that just mentions defense against malpractice, injury, and a few

additional specified risks.

4. Study your exclusion clauses carefully, so you'll know the areas of danger. *Re-read these regularly.*

5. Watch out for the insertion of new clauses in your malpractice policy, or changes in the wording of old ones. For instance, the excess-coverage clause mentioned in this article could show up in your policy or the definition of malpractice could change.

6. If you have any doubts about how the wording in your policy would be interpreted, write the company and ask for

clarification. Save the answer.

7. Don't be afraid to ask around about the policy terms and conditions of other insurance companies. As I mentioned earlier, there's little standardization in malpractice insurance. You might find a better deal than you have now.

8. Don't discard your old malpractice insurance policies. The company liable for a claim is the one that insured you at the time the contested treatment was rendered. In some cases, it's possible to be challenged as long as *twenty-three years* after the treatment.

END

Ticklish subject

One afternoon I was working on a young mother while her 3-year-old daughter sat and watched. The woman squirmed a bit in the chair and her wide-eyed daughter asked: "Mommy. What smatter?"

"Oh, it just tickles a little, Debbie," answered the mother, calming the frightened child.

Later that day I got a phone call from the woman's irate husband. "My little girl tells me you've been tickling my wife!" he exploded.—*Milton A. Clark, D.D.S., Norfolk, Va.*

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Washington Spotlight

Your state may be the next to permit dental corporations or associations. A total of ten are now considering it: Alabama, California, Connecticut, Florida, Iowa, Ohio, Oklahoma, Pennsylvania, Rhode Island, and Wisconsin. If enacted, the legislation would permit you to set up a group and participate in tax-favored pension and other benefit plans. Arkansas, Georgia, and Tennessee have already passed it.

Your entertainment deductions would be cut way back under the Administration's tax proposals. No matter how much you spent, you couldn't claim more than \$7 a day for each guest for food and beverages, and \$10 a year for gifts. If the bill passes, you couldn't claim anything at all for theater parties, nightclubs, country clubs, dues to social and athletic clubs, and so forth.

All is forgiven? What happens if you voluntarily tell the I.R.S. that you missed in reporting past dividends and interest payments? You can expect "utmost leniency" if the omission resulted from a misunderstanding, says the Internal Revenue Service. That means, tax men say, 6 per cent interest but no penalties.

DENTAL MANAGEMENT • JULY 1961

Prospects for the Keogh retirement bill still are uncertain. It's already passed the House, but it's skipped that hurdle before. Now it goes to the Senate—where it died the last two sessions—for consideration. With a big budget deficit in prospect, Washington insiders feel this just isn't the bill's time. The Administration has asked for a one-year delay.

Oops! Think of a big tax deduction you forgot to claim last April? It's not too late. You can file an amended return claiming the deduction, or file a claim on the special form 843. Generally, you have up to three years after the due of the return in which to file. But first, make sure the rest of your return is in apple-pie order. Amended returns virtually guarantee a tax audit.

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PERICORONITIS

By DOUGLAS W. STEPHENS, D.D.S.

A FEW years ago, I took my ninety-year-old father to a famous eye surgeon. After examining the old gentleman's eyes, he took me into another room and patiently explained my father's condition. He spoke in simple language, even though he knew I was a dentist and probably understood the more technical terms. When he finished, I knew exactly what the trouble

Technical terms are fine—when you're talking to other dentists. But if you spring them on your patients you'll be . . .

was and what he was going to do to correct it.

How many dentists do the same with their patients? Too often, they talk over the patient's head, perhaps hoping to impress him. Often the patient doesn't want to admit he doesn't understand.

I lost a good patient in the early days of my dental practice before I learned this. He was the richest man in town, owner of the leading bank and lumber yard. To demonstrate my professional training, I spouted big words and technical terms. I thought I put my message across, but as he left he politely told me he'd "think it over."

He didn't return to my office until years later. By then I knew him much better, and he told me why he'd walked out before. "I was so confused when you got through with me," he said, "I

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TOO CONFUSING FOR WORDS

went to another dentist to find out what it was all about."

Whether we're speaking to one patient or to a roomful of people, our audience will listen more closely and be more inclined to act on our suggestions if we illustrate our speech, using terms our listeners understand. And to do that, we have to know something about our patients.

Once, for example, a building contractor I was treating questioned the necessity of X-rays. I said to him: "Would you rebuild an old house without first checking on whether the foundation was solid. Well, I can't repair a tooth without knowing whether the root is sound. For that I need an X-ray. Only one-third of a tooth is visible with a mouth mirror; the other two-thirds are concealed."

I went on to tell him how important this hidden area is, and I compared study models to building plans. "What builder would attempt to build a house without blueprints?" I asked him.

Another patient, a woman, balked at the cost of filling her cavities. She had purchased a

home just the year before, and had wall-to-wall carpeting installed throughout. I knew how proud she was of the carpets, so I asked her what she'd do if she knew that moths were attacking them. "Would you try and pretend the danger didn't exist, or would you do something about it?"

I told her that rug destruction was similar to tooth decay. I then asked if her tooth, which should last most of her life if properly restored, was not more important than her rugs which at best would last only a few years.

Be Sure of Facts

Before you use any analogies, better make sure your facts are correct. Once I told a woman the gum tissue under her new denture would shrink like biscuits taken out of the oven too soon. I was downright proud of that gem, but she soon straightened me out. She told me that *her* biscuits didn't fall and, anyway, it was a matter of baking powder not the length of baking. Then she went into a long lecture on why cakes fell and I never did

have time to explain why her dentures would eventually become loose and need relining.

From then on, I made sure my illustrations were not open to argument. For example, if a patient wears glasses I tell him that gums, like eyes, change. If eyeglass frames are in good condition and in style, only the lens need changing. If denture bases and teeth are not overly worn and the gum change not too extensive, artificial dentures need only be relined or refitted.

With a little thought, you can come up with countless other ways to tailor your language to your patients' interests and backgrounds. Most of the personal information you have to know about them is right there in your case history. The rest you can discover in a few minutes conversation.

Dentistry is still new to most patients. You, as a dental educator, can teach them the value of the professional care you can give them. And the way to do that is to talk to them—*not above them*—in explaining what good dentistry can mean.

END

The Dental MART

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DENTAL MANAGEMENT • JULY 1961

A LITTLE BUSINESS ON THE

If you've ever considered the possibility of an after-hours sideline, this dentist's adventures in businessland will fascinate you



BY DAY Dr. Sheppard Siegel conducts his full and successful dental practice.



BY ROBERT ZACKS

AT some time or other during his professional career, almost every dentist is tempted by an offer to join a business venture. Do business and dentistry mix? Are such activities worth the time and trouble?

Listen to the story of Dr. Sheppard Siegel, a young New York dentist who heard the siren call and heeded it. Motivated by a desire to earn more from his savings than he could through a passive investment, Dr. Siegel took the plunge into business about two years ago.

Today, his activities have mushroomed to the amazing



SIDE?

BY NIGHT Dr. Siegel runs eight different business ventures, and is negotiating for more



point where he and his wife are running eight separate business ventures at different locations, are negotiating for partnerships in six more, and expect to have a major business interest in the 1964 New York World's Fair.

Furthermore, let it be noted, none of these multifarious activities has interfered with Dr. Siegel's full and successful dental practice.

When I questioned Dr. Siegel about his experiences, he nodded his head affirmatively. "Yes, it's all true," he said. "I give my evenings, my Wednesday off, and my weekends to the sideline

businesses. My wife assists me in managing all of them. But I make sure nothing gets in the way of my dental practice. That comes first in my life and it always will."

"How did you get started?" I asked.

"I heard about these coin-operated laundromats," he explained. "What intrigued me was that they were practically self-service. All you needed was a part-time attendant to keep the place clean. And it seemed to promise a high return. So we found a good location and stepped into it."

A LITTLE BUSINESS ON THE SIDE?

Dr. Siegel's investment was \$6,000 in cash and a mortgage of \$19,000. This bought twenty washing machines and eight dryers. His total overhead per month, including a \$150 rent cost, came to about \$1,000. As for revenue, there were larger washers costing the customer 30 cents to use, smaller ones costing 20 cents, and the dryers costing 10 cents.

"How did you do?" I asked.

"We showed a 20 per cent gross profit on the investment," said Dr. Siegel. "This satisfied us so much we promptly opened a second coin-operated laundromat, which cost us \$6,500 in cash and a \$19,000 mortgage for eighteen washing machines and seven dryers. Here we charged 25 cents to use the washers and 10 cents for the dryers. And here, too, we made a 20 per cent gross profit on our investment."

"We also found," added Dr. Siegel, "that it took very little more time to supervise the two than just one."

It was this realization that led Dr. Siegel and his wife to really start spreading themselves out.

Suddenly, an unlimited horizon of business opportunity seemed to beckon and their imaginations were on fire.

It soon occurred to Dr. Siegel that a dry-cleaning shop next to the second laundromat might increase business for the laundromat as well as make its own profit. So he promptly opened a "drop" dry cleaning shop, which is merely a collecting station for orders. The clothing is sent out to be cleaned elsewhere. Fixtures and painting for this came to \$1,500. And, a couple of people, a husband and wife, had to be hired as employees and paid salaries. But, since the dry cleaning shop was next door to the laundromat, the part-time laundromat attendant could be eliminated, thus cutting costs.

Business Increases

It worked out just as Dr. Siegel had hoped. The cleaning shop proved profitable, and business in the adjoining laundromat increased sharply, by about 20 per cent.

"Next thing you know," laughed Dr. Siegel, leaning

back, "we found it might be smart to get more business for the dry-cleaning shop by collecting orders from a route. So for \$3,000 we bought a truck and now we have a profitable pickup route."

By this time, things began to happen with dizzying speed. Because of the new truck and cleaning route they picked up the contract to do all the dry cleaning for a large moving van outfit. The work consisted of cleaning the packing cloths and blankets used in moving household effects.

"You'd be astonished at how much of this stuff such a firm uses in its business," said Dr. Siegel. "In fact, we found the work so much for our small business we decided it would be smarter to sell the contract at a profit. We got rid of it last March."

The next development in Dr. Siegel's business adventures began when the husband and wife running the dry-cleaning shop suggested they all join together in a pizzeria.

Doubtfully, Dr. Siegel asked,

"Do you know anything about the pizzeria business?"

"I'm a pizza twirler from way back," said his employee eagerly. "I know the whole business inside out."

Dr. Siegel consulted with his wife. "What do you think?" he asked.

Pizzeria Partners

By this time they weren't afraid to tackle anything. As he expected, she answered, "Sure, why not? Let's do it."

Next thing you know the Siegels were partners in a pizzeria,

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A LITTLE BUSINESS ON THE SIDE?



their total investment amounting to \$1,500. As of this writing, the pizzeria is only a few months old. It opened during the furious winter storms that hit New York City early in 1961. Yet, in spite of this bad luck, the pizzeria has met all expenses and is already beginning to show a profit. With good weather, Dr. Siegel confidently expects to make a success out of it.

At about the same time as the pizzeria was being established, Dr. Siegel heard that the 1964 World's Fair was offering "vending permits" to interested parties. These are permits to sell merchandise or services at specific locations at the Fair. One permit might allow the sale of cigarettes or candy, another drinks and food snacks, and so on.

The whole story, as Dr. Siegel first heard it, was rather vague. But a good businessman investigates, so he sent his wife down to the World's Fair offices to find out the facts.

When she came back, she said, "I bought six vending permits."

A bit concerned at this quick action, he asked, "How much are they?"

Incredibly, the prices were only \$3 to \$5 *for each vending permit*. (It must be remembered that all this happened early in the Fair's development, and that the Siegels moved very fast.)

"Go back," ordered Dr. Siegel, "and buy as many more as you can get your hands on."

So Mrs. Siegel hurried back to the World's Fair people and picked up fourteen more vending permits at the same price, giving them a total of twenty permits in all.

If you're wondering whether this was worthwhile, the Siegels have already been offered a \$200 profit on *each* vending permit by other businessmen. You see, the number of vending permits obviously has to be limited, and they can be resold just like a taxi-cab medallion. The closer we get to 1964, the Fair's opening date, the more valuable the vending permits become.

One of Dr. Siegel's permits allows him to sell pizza at the Fair. When a pizza supply company

heard that, they promptly contacted him and offered to build a pizzeria for him free of charge at the Fair, in return for using their materials and their name for the advertising value.

"It looks like a good deal," said Dr. Siegel cheerfully. "Maybe we'll take it."

Still Expanding

Has Dr. Siegel paused in his business expansion, satisfied he'd done all a dentist in full-time practice can do with sideline businesses? Not at all.

"In the past few months," he told me, "we've expanded into

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A LITTLE BUSINESS ON THE SIDE?

additional laundromat ventures in the basements of large apartment buildings. We have gone into partnerships with other investors on three such basement laundromats, and they're now showing a nice profit. In addition, we're negotiating with six new buildings for installation of our laundromats."

"Where will it all end?" I asked, in admiration.

"It doesn't have to," he said, "as long as the various ventures don't interfere with my dental practice. For that reason, I'm thinking about selling the pizzeria to my partner. Unlike the laundromats, the pizzeria business has too many time-consuming headaches, such as dealing with city violations on plumbing, food inspectors, and so forth." He shook his head, thoughtfully. "I'd say that any business involving food is difficult to handle as a sideline, even with a partner helping out."

"Don't you get headaches with your laundromats?" I asked.

Dr. Siegel laughed. "Oh, sure. You run into odd things, like customers who stuff dollar bills

into the slot of the coin changer. Once when that happened, it took two men three days to fix the machine.

"Also, people do obviously silly things like putting clothes in the dryer instead of the washer. Then they complain when the clothes don't come out clean. But it's still a good sideline business. Better than food, I think."

Word of Warning

Dr. Siegel had one last warning for dentists interested in starting a sideline business: "Be prepared for a fantastic amount of paperwork, tax returns, insurance forms, workmen's compensation, and Lord knows what else. Also, you have to cope with hordes of government inspectors of every type—fire, plumbing, electrical, and water.

"But it can be done, and in your spare time, too. I'm still expanding, and still carrying my full practice, too. Any dentist whose wife can assist, as mine does, or who has grown children, can find some terrific sideline business opportunities if he really wants to."

END

Unless you're careful about how you amend or revoke your will, you may leave your family . . .



BY SOLOMON HUBER

DR. and Mrs. A kept their wills in the doctor's safe deposit box. When the wills became outmoded they decided to revoke them. Accordingly, Dr. A went to the safe deposit box and tore up and threw away both wills. They never did get around to making new ones.

What would happen to their property if either one should die?

Dr. A's estate would pass under the intestate laws, the rules governing the property of peo-

ple who die without wills. His tearing of his will was a valid revocation of it (in many states).

But Mrs. A's estate would pass to the beneficiaries she named in her will. Her will was not effectively revoked when Dr. A tore it because the tearing did not occur in Mrs. A's presence. Under the state law that applied, a will could be revoked only by tearing "by the testator himself or another person in his presence."

But if Mrs. A's will was thrown

The author, a general agent of the Mutual Benefit Life Insurance Company, heads his own estate planning firm in New York City. He is editor of *The Estate Planners Quarterly*, and frequently writes and lectures on the subject.

A LEGACY OF TROUBLE

away, how could its provisions be put into effect? A carbon copy in the lawyer's hands could be probated. Or someone who had read the will might be able to testify to what it said.

The point of the story is not to highlight some obscure principle of law—it is to illustrate the mess people get into when they fool with their wills without competent advice. *A will is a unique, solemn document, and special rules apply to it.*

Even riskier than revoking a will is trying to amend one by yourself. Suppose, for example, one of your intended heirs dies. And so you take pen in hand, scratch the name out of your will, and change the amounts going to the remaining heirs. What'll happen when the will is probated?

At best, the changes will be ignored. At worst, the whole will may be ruled invalid.

Some years ago, for example, a former Treasurer of the United States, W. A. Julian, drew up a valid will but later decided to amend it. He struck out some of the names, added others, and in

the margin next to each change he wrote his initials and the reason for the action.

But that wasn't good enough for the courts. The will was probated in its original form, just as if Julian had never touched it.

What few people realize is this: *Changing a will requires as much legal formality as executing the original document.* For small changes you can add a "codicil," an amendment signed and witnessed like the original. For more extensive changes, you're better off having your attorney prepare an entire new document for you. Don't try either step yourself.

As a New York court warned in one recent decision: "Don't cross out any part of your will. And don't interline or add anything, whether it be a new beneficiary, a change in amounts of legacies, a change in purposes, or whatnot. If you do, the overwhelming odds are that you will not have accomplished what you intended."

Instead of your worldly goods, you'll leave your family a *legacy of trouble*.
END

Depending on the way you handle them, collection interviews can be a waste of time. Or they can be . . .

BY JOHN W. JOHNSON

"YOUR bill, Mr. Jones, is about six months past due. Are you going to be able to pay something on it soon?"

"Yes, sir. I think I'm going to pay something real soon . . . at least I'm sure going to try."

"Well, that's good, Mr. Jones. Be sure you come back to see us again. We'd like to get this cleared up."

Sound familiar? Ever hear anyone handle a collection interview that way in your office? I hope not.

Mr. Jones had received statements for six months and he received two collection letters. Finally, it took a telephone call to get him into the office. The interview lasted two minutes, and when Jones left the dentist didn't know any more than when he started out. And he wasn't any

The author is executive vice president of the American Collectors Association.



YOUR MOST PROFITABLE FOUR MINUTES

closer to getting his money. The interview was a waste of time for both parties.

Why a waste of time? Probably not because of any lack of intelligence or ability on the interviewer's part. He just didn't know what to do or what to say.

Except for unusual cases, a collection interview shouldn't take more than three or four minutes. So your approach must be carefully planned out in advance.

Before the patient arrives, pull his credit record and look it over. That should show you, at a glance, the dates of his treatments, the services supplied, how many statements have been sent, and what collection procedures have already taken place. It's bad policy to review all of these in front of the patient. That only gives him more hooks on which to hang his delaying hats. But the information does tell you where to start.

Analyze Problem

As for *how* to start, the first step is to determine the problem. There's always some reason,

real or imagined, why the bill has not been paid. The interviewer (and that should be your assistant, not you) must find the reason, make sure it's the real one, and then help the patient find the solution. It's that simple.

The problem will fall into one of three general categories:

1. A dispute
2. Lack of funds
3. Refusal to pay

If it's a dispute over the service or size of the bill, your assistant should check out the complaint. If valid (and only if valid), she makes an appropriate adjustment and collects the corrected amount. If the complaint is not valid, your assistant must re-sell the patient on the original payment terms.

If it is reason number three, refusal to pay, the patient will seldom come in to see you. You need the services of a professional collector.

Most of your interviews will come under heading number two—a real or imaginary lack of funds.

A good assistant will quickly

find out which it is—whether the patient can't pay or only *thinks* he can't pay. One man blithely told his dentist: "I had to outfit all the kids for summer camp, the I.R.S. slapped me with a \$500 tax bill on my last year's capital gains, and I have to keep up the payments on the Chrysler. So you can see why I can't get up \$45 right now, can't you?"

Job for Assistant

Your assistant's job, if she runs into that line of conversation, is to make the patient see that he can pay. And she does that by

running down the list of his possible assets.

For example, does he have any Savings Bonds? Many people save these for a rainy day. Your assistant can impress upon the delinquent patient that the rainy day is here. Now is the time to use some of these reserves to meet his overdue obligations.

If the patient is truly in bad financial shape, if he has no liquid assets or if his payments to other creditors exceed his current income, you can take one of three steps:

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YOUR MOST PROFITABLE FOUR MINUTES

First, find out if he'll have additional money within a specific period of time. For example, a farmer might plan to sell some livestock at the end of the month. Or, a small contractor expects to close a construction deal in the near future. In cases like that, it's best to grant a thirty- or sixty-day extension.

Second, you may be able to work out a payment plan within the patient's means. Make sure that the plan is realistic. Never allow the patient to obligate himself for more than he is physically able to pay. That's just asking for trouble. He'd undoubtedly fail in his payments, and you'd find yourself collecting nothing instead of a small amount. Then you'd have to go through the trouble of contacting him again, getting him back into the office, and setting up a new payment plan.

Final Possibility

The remaining possibility is that the patient's finances are in such a bad state that he can't make any payments and there's nothing you can do to help him

get straightened out. About the only thing you can do then is refer him to a financial or family counseling service in your area. There are a number of excellent centers like that in many parts of the country.

What if you find out that the patient has assets but refuses to use them to pay your bill? What if you set up a payment plan within the patient's means, but it's repeatedly broken? What if the patient comes up with one unfounded complaint after another about the dental service he received? It's time to call in professional help. There's no point in wasting any more time and stationery trying to collect by yourself.

To sum it all up, a collection interview should tell you what the problem is, and give you the solution. Either the bill is paid in full, or it's compromised, or a payment plan agreed upon, or it's turned over to a collection agency. Whatever it is, something should be settled. **That's the whole point of a collection interview and that's the value of it.**

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Address

City Zone State

(Mail to Dental Management, Box 285 Ridgeway, Stamford, Conn.)

(7-61)

diSONTEGRATOR® ULTRASONIC CLEANER

THE WORLD'S MOST POPULAR ULTRASONIC CLEANER

The same machinery used by the U. S. Air Force, Army and Navy for cleaning satellites and guided missile parts!

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Cleans in seconds instruments, syringes, handpieces, drills, burrs, impression trays, orthodontic appliances, glassware.

Removes zinc-oxide, eugenol temporary dental cement, buffing compounds, food particles, investment plaster, wax, nicotine, tarter.

More diSONtegrators sold than the next three leading brands combined!

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- **FREE 32 PAGE USERS GUIDE WITH EACH MACHINE**
- **CHOICE OF 7 BEAUTIFUL COLORS**

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RENTAL PLAN ALSO AVAILABLE!



SYSTEM FORTY — \$99.95
Powerful 80 watt generator; Full 1/2 gal. stainless steel tank; Inside dimensions: 5 3/4" x 4 1/4" x 4 1/2"



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industries**
INC.

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OV 1-2000
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- ☐ Desert Sand
- ☐ Pale Green
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- ☐ Soft Grey
- ☐ Coral Pink
- ☐ Built-In-Timer (optional)

\$9.95 extra

System 80
at \$219.95

- ☐ Ivory
- ☐ Desert Sand
- ☐ Pale Green
- ☐ Turquoise
- ☐ Wheat Yellow
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- ☐ Coral Pink
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- ☐ Check enclosed (freight prepaid, ☐ C.O.D.)
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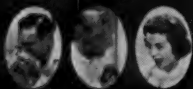
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